

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

02-27

2. STATE

NC3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

January 1, 2003**FOR: HEALTH CARE FINANCING ADMINISTRATION**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 435, Subpart F

7. FEDERAL BUDGET IMPACT:

a. FFY 03 \$ 0**b. FFY 04 \$ 0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):**Supplement 6 to Attachment 2.6-A**

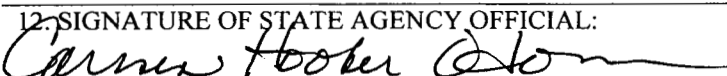
10. SUBJECT OF AMENDMENT:

State/County Special Assistance for Adults (SA) Program Income Levels

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: Not Required

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Carmen Hooker Odom

14. TITLE:

Secretary

15. DATE SUBMITTED:

12-17-02

16. RETURN TO:

Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, North Carolina 27699-2001**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

23 December 2002

18. DATE APPROVED:

March 3, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Rhonda R. Cottrell

22. TITLE: Associate Regional Administrator

Division of Medicaid & Children's Health

23. REMARKS:

Revision: HCFA-AT-01-37

(APP)

SUPPLEMENT 6 to
Attachment 2.6-AState: North Carolina

Standards for Optional State Supplementary Payments

Payment Category	Administered by		Income Level				Income Disregards Employed
			<u>Gross</u>		<u>Net</u>		
Reasonable Classification	Federal	State	1 Person	Couple	1 Person	Couple	
Aged and Disabled Adult Care Home and Mental Health Facilities		X	\$1,656.00		\$1,127.00		For earned income, disregard the first \$65, subtract impairment related work expenses, and disregard one-half the remainder.
Blind Adult Care Homes		X	\$1,656.00		\$1,127.00		For earned income, disregard the first \$85. Plus one-half of the earned income in excess of \$85. From the remaining amount, deduct work expenses. \$20 is subtracted from total income.

TN No. 02-27
Supersedes
TN No. 00-22Approval Date 03/03/2003Effective Date 1/01/03

Revision: HCFA-AT-01-37

(APP)

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